FOR INSTRUCTIONS, SEE BACK OF FORM

TA ETHICS AND PAIGN DIS LIGHTE BD.

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees 19 AN 7:31 for state office must be filed electronically and effective January 1, 2012 and 19 Statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

	7,0000	4	
COMMITTEE NAME (Must be same as on Statement of Org	anization)		
Mark Murphy for County Recorder			FORM
IMPORTANT: Indicate by # type of committee you are reporting for: (1)Statewide/Legislative/Judge Standing for Retention Candidate (4)County Central Committee (5)County Candidate (6)City Cand Subdivision Candidate (8)County PAC (9)City PAC (10)School 11) Local Ballot Issue	2)State PAC (3)State Party	F	DR-2 Rev. 12/2009) DISCLOSURE REPORT
CANDIDATE COMMITTEES ONLY: Candidate Name Mark Murphy	Political Party (if applicable) Republican	S	comm.# 19258 ogged In conned computer
Office Sought Cherokee County Recorder	District (if Senate or House)		udited
ate reports are subject to possible civil and criminal penalties. Pursandidate's committee, and the chairperson, for any other type of committee and the chairperson are subject to possible civil and criminal penalties. Pursandidate's committee, and the chairperson, for any other type of committee and the chairperson are subject to possible civil and criminal penalties. Pursandidate's committee, and the chairperson, for any other type of committee and the chairperson are subject to possible civil and criminal penalties. Pursandidate's committee, and the chairperson for any other type of committee and the chairperson for any other type of committee and the chairperson for any other type of committee.	rsuant to Iowa Code sections 68B.32A(7) committee, is the individual responsible for (7/3)2299117 TELEPHONE	and 68 r filing t	A.401(3), the candidate, for a simely and accurate reports. DATE SIGNED
AM FILING A January 19, 2015			
(report date)	REPORT FOR (1) ELECTION /(2	-	ELECTION YEAR.
CARLOS AND CONTROL OF	Indicate by #		
CHECK IF AMENDMENT TO REPORT DATED	Lo	cal Com	mittees, enter Date of Election
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed	of Dissolution Form DR-3.	unty & L	er 4, 2014 ocal Committees, enter County in tion is held e County
STATEMENT OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fire.)	eash on hand at the end	S	412.17
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Schedu	ule A) (*also see in-kind below)		280.00
Schedule F: Loans Received total (Attach Schedule			0.00
Schedule H: Total Sales of Campaign Property (Atta			0.00
(Schedule H applies to Candidates' Comm			
	SUB-TOTAL	\$	280.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			
Schedule B: Expenditures total (Attach Schedule B)	(**also see debts and loans below)		684,00
			0.00
ochedule F. Loan Repayments total (Attach Schedul	e +)		0.00
Schedule F: Loan Repayments total (Attach Schedul ASH ON HAND at the end of this reporting period (if final repr			8.17
ASH ON HAND at the end of this reporting period (if final reporting	ort balance must be zero)	S	8.17
ASH ON HAND at the end of this reporting period (if final reporting BILLS (From Schedule D - Attach Schedule D)	ort balance must be zero)	S	0.00
ASH ON HAND at the end of this reporting period (if final reporting period (if final report UNPAID BILLS (From Schedule D - Attach Schedule D)	ort balance must be zero)	\$ \$	8.17 0.00 0.00
ASH ON HAND at the end of this reporting period (if final reporting period	ort balance must be zero)	\$ \$	0.00 0.00 0.00
ASH ON HAND at the end of this reporting period (if final reporting period (if final reporting period (if final reporting period (if final reporting blue)	ort balance must be zero)	\$ \$	8.17 0.00 0.00
ASH ON HAND at the end of this reporting period (if final reporting period (if final report UNPAID BILLS (From Schedule D - Attach Schedule D)	ort balance must be zero)	\$ \$	0.00 0.00 0.00

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds)

Reset Form	7-1	SCHEDULE	
2015 JAH 19	AH	(Rev312/13)	MONETARY RECEIPTS
			CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization) Mark Murphy for County Recorder

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

FOR DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FUND- RAISER INCOME
10/15/2014	ID# CK#	Dan Winchell 1102 Saint Andrews Dr Cherokee, IA 51012	and the second s	\$ 200.00	The state of the s
10/23/2014	ID# CK#	Barb Schuck 431 S 8th St Cherokee, IA 51012		50.00	
10/24/2014	ID# CK#	Mark Murphy 1002 W Main St Cherokee, IA 51012	self	30.00	
	ID# CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
			SUB-TOTAL	s 280.00	
		TOTAL (if last pag	e of this schedule)		
ro- i i	miles and late are to			s 280.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no applicable* in the relationship column.

(for Schedule Page familial relationship, (for Schedule A)



FOR INSTRUCTIONS, SEE BACK OF FORM

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2015	JResel Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Mark Murphy for County Recorder

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/16/2014	ID# CK#	Pilot Rock Signs PO Box 946 Cherokee, IA 51012	25 Campaign Signs (18x24)	\$ 366.00
	ID#	KCHE Radio	40 Radio ads	
10/17/2014	CK#	201 S. 5th St Cherokee, IA 51012		230.00
	ID#	Chronicle Times	Newspaper and Advertiser Print Ads	
10/23/2014 CK#		111 S. 2nd St Cherokee, IA 51012	p-p	78,00
	ID#	Cherokee County Auditor	Printed list of registered voters	
1/3/2014	CK#	502 W. Main/Courthouse Cherokee, IA 51012	and of registered voters	10.00
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
		A STATE OF THE STA	SUB-TOTAL	\$ 684.00

TOTAL (if last page of this schedule)

\$ 684.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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